

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee TRINA TRINH THI CHU 8870 Youree Dr., Suite 217 Shreveport, LA 71115 Check If: New Committee <input type="checkbox"/>	2. Date of this Statement <div style="text-align: center;">12/7/2015</div>	Report Number: 56657 Date Filed: 2/3/2016									
	3. Estimated Membership <div style="text-align: center;">6</div>										
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>										
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>a. Name</u></th> <th style="text-align: left; width: 20%;"><u>b. Position</u></th> <th style="text-align: left; width: 50%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>RESHMA PARALIKAR</td> <td>Chairperson</td> <td>193 Promenade Ave Shreveport, LA 71115</td> </tr> <tr> <td>ROSELL F JONES</td> <td>Treasurer</td> <td>8870 Youree Dr Suite 217 Shreveport, LA 71115</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	RESHMA PARALIKAR	Chairperson	193 Promenade Ave Shreveport, LA 71115	ROSELL F JONES	Treasurer	8870 Youree Dr Suite 217 Shreveport, LA 71115
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ROSELL F JONES	Treasurer	8870 Youree Dr Suite 217 Shreveport, LA 71115									
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>a. Name</u></th> <th style="text-align: left; width: 30%;"><u>b. Address</u></th> <th style="text-align: left; width: 40%;"><u>c. Relationship to Committee</u></th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 40px;"> </td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>a. Name</u></th> <th style="text-align: left; width: 70%;"><u>b. Address</u></th> </tr> </thead> <tbody> <tr> <td colspan="2" style="height: 40px;">On attached sheet</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Address</u>	On attached sheet						
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8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate COMMITTEE TO ELECT TRINA CHU		c. Office Sought by the Candidate 									
9. a. Name of Person Preparing Report TRINA TRINH THI CHU b. Daytime Telephone 318-734-1923											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>3rd</u> day of <u>February</u> , <u>2016</u> . <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top; padding: 10px;"> <u>Reshma Paralikar</u> Signature of Committee/Chairperson </td> <td style="width: 40%; vertical-align: top; padding: 10px;"> ____ Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top; padding: 10px;"> <u>Roshell F Jones</u> Signature of Committee Treasurer, if any </td> <td style="vertical-align: top; padding: 10px;"> ____ Daytime Telephone </td> </tr> </table>			<u>Reshma Paralikar</u> Signature of Committee/Chairperson	____ Daytime Telephone	<u>Roshell F Jones</u> Signature of Committee Treasurer, if any	____ Daytime Telephone					
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a. Name

REGIONS BANK

b. Address

6602 Youree Drive
Shreveport, LA 71105